

RECEIVED
JUN - 4 2020
BY MAIL

United States District Court
District of Missouri
Eastern Division

United States of America,

Plaintiff,

vs.

Case No: 4:14 cr 00364JAR

Damon Williams,

Defendant.

**MOTION FOR COMPASSIONATE RELEASE
UNDER 18 USC §3582(c)(1)(A)(i)**

NOW COMES Defendant, Damon Williams, Pro Se, to respectfully ask the Honorable John A. Ross to liberally consider (A) this request for compassionate release.

I. INTRODUCTION/JURISDICTION

In late 2018, Congress passed the First Step Act, part of which transformed the process for compassionate release under 18 USC §3582(c)(1)(A). See PL 115-391, 132 Stat. 5194, at §603 (December 21, 2018). Prior to Congress passing the First Step Act, the process for compassionate release under §3582(c)(1)(A) had the US Sentencing Commission set the criteria for resentencing relief under §3582(c), and the way a sentencing court could reduce a sentence was if the Director of the Federal Bureau of Prisons initiated and filed a motion in the sentencing court. If such motion was filed, the sentencing court could then decide where the reduction was justified by "extraordinary and compelling reasons" and was consistent with applicable policy statements issued by the Sentencing Commission. So, even if a federal prisoner qualified under the

Commission's definition of "extraordinary and compelling reasons", without the BOP Director's filing a motion, the sentencing court had no authority to reduce the sentence, and the prisoner was unable to secure a sentence reduction. This process meant that, practically, the BOP Director both initiated the process and set the criteria for whatever federal prisoner's circumstances the Director decided to move upon. The passage of the First Step Act now permits this Court "upon motion of the defendant", 18 USC §3582(c)(1)(A), to consider a Motion for Compassionate Release. Once the defendant files a motion, a court may, after considering the 18 USC §3553 (a) factors, resentence a defendant, if the court finds that "extraordinary and compelling reasons warrant a reduction." *Id.* Any reduction of sentence that a court orders must also be "consistent with applicable policy statements by the Sentencing Commission." *Id.* The effect of these new changes is to allow this Court the ability to move on a prisoner's compassionate release application even in the face of BOP opposition and reduce Damon Williams sentence to time served or in the alternative to immediately move the petitioner to home confinement.

II. STATEMENT OF FACTS

(A). Conviction and Sentencing

Damon Williams was charged with Felon in Possession of a Firearm in violation of 18:922(G)(1) & Armed Career Criminal 18:924(E)(1). He plead guilty on March 01, 2018 and was sentenced to 90 months imprisonment.

(B). All post-sentencing remedies have been satisfied and there is nothing outstanding within the courts.

(C). As of this filing, Damon Williams has a release date of July 03, 2023, he has completed 42.9% of his sentence and has accrued an additional 162 days of Good Time Credit for a total of 38 months, 2 days. The BOP has determined his current Home Detention Eligibility date to be approximately January 03, 2023.

(D). Damon Williams has worked to complete many BOP RPP classes and numerous

drug treatment programs. He has complied with the numerous rules and requirements of incarceration and has not engaged in violence or actions that would warrant discipline reports. **(Exhibit A and B).**

(E). Damon Williams has worked and earned his placement at the Federal Prison Camp in Duluth, MN. This camp is a community custody facility without fences or cells. As described in Black's Law Dictionary: "A prison camp is a facility for trustworthy inmates."

(F). Damon Williams has been evaluated and scored by the BOP on a number of variables resulting in his receiving a Custody Classification Variance Score of minimum. His classification also includes the following areas and scores:

- * Public Safety: None
- * Escapes: None
- * Violence: None
- * Living Skills: Good
- * Program Participation: Good
- * Discipline Reports: None
- * Family Communication: Good
- * Custody Scored: Minimum
- * Custody: Out
- * Consider: **Decrease** **(Exhibit C).**

(G). The BOP details each inmate's score and gathers those on a BP-338. The Base and Custody Scores are used together where it concludes on page two: "If Custody Variance is in the (-) range, consider a decrease."

Damon Williams is scored: **Decrease.**

(H). The next "decrease " level of incarceration after camps is Home Confinement. Home Confinement is not a release from custody, but a reclassification of one's place of incarceration. The inmate is always under Federal authority and if a violation occurs while on Home Confinement, such placement may be

III. CRITERIA FOR REDUCTION

Under both the stature and the separation of powers, the sentencing judge should be the sole determiner, with all the facts of the sentencing decisions related to the offense and public safety. Setzer v. United States, 132 S. Ct. 1470-71 (2012). (The Bureau is not charged with applying §3553(a)... it is much more natural for a judge to apply the §3553(a) factors... than it is for some such decision to be made by a judge... and others by the Bureau of Prisons"). Id. "It has been uniform and constant in the federal jurisdiction for the sentencing judge to consider every convicted person as an individual and every case as a unique study in the human failings that sometimes mitigate, sometimes magnify, the crime and punishment to ensue." Koon v. United States, 518 U.S. 81, 113, 116, S. Ct 2035, 135 L.Ed 2d 392 (1996).

Evidence of post-sentencing rehabilitation may be lightly relevant to "the history and characteristics of the defendant." §3553(a)(1) such evidence may also be pertinent to "the need for the sentence imposed" to serve the general purposes of sentencing set forth in §3553(a)(2)- in particular, to "afford adequate deterrence to criminal conduct, protect the public from further crimes of the defendant", and "provide the defendant with needed educational and vocational training... or other correctional used in the most effective manner." §3553(a)(2)(B)-(D), Pepper v. United States, 131 S.Ct. 1229 (2011).

IV. LAW & ARGUMENT

The First Step Act of 2018 focuses on rehabilitation, reintegration and sentence reduction. Further, recent memorandum by Attorney General, William Barr, due to the coronavirus epidemic have broadened several statutory provisions allowing the BOP to place vulnerable inmates in Home Confinement by "relaxing" the 10% or 6 month requirement under 18 USC 3624(c)(2) Cares Act and to consider as a "National Emergency" as "extraordinary and compelling reasons" to consider both sentence reduction and or placement in home confinement pursuant to 18 USC 3582

(c)(1)(A). The effect of these new changes is to allow this Court the ability to move on a prisoner's compassionate release application and reduce the sentence of Damon Williams to time served or to order that the remaining time be served on home confinement.

Reintegration of inmates back to society through the transfer of prerelease custody or supervised release includes substantial current-day real tax dollar savings. This continues with the avoidance of deferral of future construction, acquisition or operation costs.

Inmates that have partaken in numerous and continual educational activities can be considered for transfer to Home Confinement as it has been proven educational classes reduce rates of recidivism.

Damon Williams has been determined by the Bureau of Prisons to be "no substantial risk of engaging in criminal conduct or of endangering any person if released to Home Detention." Further, "the inmate cannot have escaped or attempted to escape from a Bureau of Prisons institution." (BOP Policy Manual). Damon William's scoring shows that he meets these requirements. (Exhibit C).

Placement in Home Confinement would provide Damon Williams an opportunity to assume increasing levels of responsibility while providing: "Sufficient restrictions to promote community safety and convey the sentencing value of the sentence." (BOP Program Statement 7320.01, Home Confinement).

Damon Williams is ready to assume additional levels of responsibility by taking care of the needs of himself and his family. Being placed on Home Confinement would allow Damon Williams to work, pay taxes and be a productive member of his community, from being a "tax drain" to that of a contributor. Damon Williams has a release plan which is attached to this motion.

V. CONCLUSION

Damon Williams has health conditions which are documented by the BOP medical staff and included with this motion. These serious health conditions

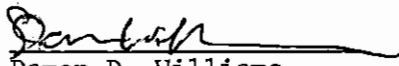
which include High blood pressure, Sarcoidosis of lungs, Pre-diabetes and Heart arrhythmia greatly increase risk of death if Damon were to contract the corona-virus. The Bureau of Prisons official count of inmates with Covid-19 is underestimated. Of the 2700 tests performed, nearly 2000 inmates, over 70% were positive. The BOP can not keep the inmates safe. Further, the BOP refuses to implement the directives from the Attorney General, William Barr. The BOP is not doing enough to adequately protect the BOP staff and inmates from the spread of Covid-19. Damon has a "release plan" that includes family, employment and doing what is expected of a productive tax paying citizen. He has been an inmate in "good standing" throughout his entire incarceration and this speaks to the character of the man. He has worked to improve himself and humbly asks for this reduction to allow him to rejoin his family and community. In the alternative, Damon Williams asks for special consideration due to "extraordinary and compelling reasons", ie Covid-19, and to be reclassified to Home Confinement.

VI. PRAYER

Damon Williams seeks to serve the remainder of his sentence on Home Confinement or any other consideration this Court may deem fair and just.

VII. CERTIFICATION

I certify pursuant to 28 USC §1746 that the foregoing is true and correct to the best of my knowledge and belief.


Damon D. Williams
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000

05-31-2020
Date.

Footnote: Page 1, (A) - Defendant urges the Court to construe this pleading liberally in accordance with the provisions contained with **Hanes v. Kerner**, 404 US 519, 520 (1972).

RECEIVED
May 04 2020
Jury - 4 20

United States District Court
Eastern District of Missouri
111 S. Tenth Street
St. Louis, MO 63102

RE: Case No. 4:14 cr 00364JAR, Motion for Compassionate Release.


Dear Clerk of Courts:

Enclosed for filing at your earliest convenience, please find the following documents:

- 1). Motion for Compassionate Release.
- 2). Exhibits A, B, C.
- 3). Medical Report.
- 4). Release Plan.

Your anticipated cooperation is greatly appreciated.

Sincerely:


Damon D. Williams, 46661-044
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000

TRULINCS 46661044 - WILLIAMS, DAMON DEANDRE - Unit: DTH-M-A

FROM: 46661044

TO: Associate Warden

SUBJECT: ***Request to Staff*** WILLIAMS, DAMON, Reg# 46661044, DTH-M-A

DATE: 04/29/2020 11:44:51 AM

To: Warden Birkholtz

Inmate Work Assignment: landscape

PETITION

Please consider this electronic email a petition under the first step act , & all other like

My name is Damon Williams #46661-044

I request that his honor , warden Birkholtz consider me for a compassionate release

My reason for this release are medical , to wit , abnormal heart rhythm , high blood pressure , sarcoidosis of lung and pre-diabetes

my remaining time left on my sentence is 31 months till home confinement date of 01/03/23

and all other rule and regulation available to me under law or equity

please reply within 30 days as per FSA

thank you

Damon Williams #46661-044

TRULINCS 46661044 - WILLIAMS, DAMON DEANDRE - Unit: DTH-M-A

FROM: Health Services
TO: 46661044
SUBJECT: RE:***Inmate to Staff Message***
DATE: 03/31/2020 10:02:02 AM

You will be placed on the callout once the requested records are ready for you. HIV-related health records will not be included. You are able to set up a time to come to medical and view that information but copies cannot be provided while in custody. Your other options if you want HIV-related records are to request the records from BOP.gov once you are released under the FOIA link on that website, or you may forward the information to a third party by authorizing a disclosure in writing. Watch the callouts!

>>> ~^!"WILLIAMS, ~^!DAMON DEANDRE" <46661044@inmatemessage.com> 3/29/2020 2:29 PM >>>
To: medical records
Inmate Work Assignment: landscape

I am requesting all medical records from BOP and from visits at St. Luke's hospital Duluth MN

DTHC5 540*23 * SENTENCE MONITORING * 04-29-2020
 PAGE 001 * COMPUTATION DATA * 17:11:07
 AS OF 04-29-2020

REGNO...: 46661-044 NAME: WILLIAMS,--DAMON--DEANDRE

FBI NO.....: 993913NA9 DATE OF BIRTH: 08-09-1976 AGE: 43
 ARS1.....: DTH/A-DES
 UNIT.....: RDAP QUARTERS.....: M03-201U
 DETAINERS.....: NO NOTIFICATIONS: NO

HOME DETENTION ELIGIBILITY DATE: 01-03-2023

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
 THE INMATE IS PROJECTED FOR RELEASE: 07-03-2023 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: MISSOURI, EASTERN DISTRICT
 DOCKET NUMBER.....: 4:14CR00364-2 JAR
 JUDGE.....: ROSS
 DATE SENTENCED/PROBATION IMPOSED: 03-01-2018
 DATE COMMITTED.....: 06-06-2018
 HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
 PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$100.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 137 18:922(G) FIREARMS,3 PRI CNV
 OFF/CHG: 18:922(G) (1)&18:924(E) (1):FELON IN POSSESSION OF A FIREARM
 ARMED CAREER CRIMINAL

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE.: 90 MONTHS
 TERM OF SUPERVISION.....: 3 YEARS
 DATE OF OFFENSE.....: 09-27-2014

G0002 MORE PAGES TO FOLLOW . . .

DTHC5 540*23 *
PAGE 002 OF 002 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 04-29-2020

* 04-29-2020
* 17:11:07

REGNO...: 46661-044 NAME: WILLIAMS, DAMON DEANDRE

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 01-10-2020 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 04-18-2018 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 03-01-2018
TOTAL TERM IN EFFECT.....: 90 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 7 YEARS 6 MONTHS
EARLIEST DATE OF OFFENSE.....: 09-27-2014

JAIL CREDIT.....:	FROM DATE	THRU DATE
	09-27-2014	11-14-2014
	03-30-2017	02-28-2018

TOTAL PRIOR CREDIT TIME.....: 385
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 405
TOTAL GCT EARNED.....: 162
STATUTORY RELEASE DATE PROJECTED: 07-03-2023
EXPIRATION FULL TERM DATE.....: 08-11-2024
TIME SERVED.....: 3 YEARS 2 MONTHS 19 DAYS
PERCENTAGE OF FULL TERM SERVED...: 42.9

PROJECTED SATISFACTION DATE.....: 07-03-2023
PROJECTED SATISFACTION METHOD....: GCT REL

REMARKS.....: 01-10-20:GCT UPDATED PURSUANT TO FSA.JDB/T

G0000 TRANSACTION SUCCESSFULLY COMPLETED

DTHC5 606.00 * MALE CUSTODY CLASSIFICATION FORM * 05-06-2020
 PAGE 001 OF 001 17:53:03

(A) IDENTIFYING DATA

REG NO.: 46661-044 FORM DATE: 05-06-2020 ORG: DTH

NAME.: WILLIAMS, DAMON DEANDRE

MGTV: NONE

PUB SFTY: NONE

MVED:

(B) BASE SCORING

DETAINER: (0) NONE SEVERITY.: (3) MODERATE
 MOS REL.: 37 CRIM HIST SCORE: (02) 2 POINTS
 ESCAPES.: (0) NONE VIOLENCE.: (0) NONE
 VOL SURR: (0) N/A AGE CATEGORY.: (2) 36 THROUGH 54
 EDUC LEV: (0) VERFD HS DEGREE/GED DRUG/ALC ABUSE.: (1) <5 YEARS

(C) CUSTODY SCORING

TIME SERVED.: (4) 26-75% PROG PARTICIPAT: (2) GOOD
 LIVING SKILLS.: (1) AVERAGE TYPE DISCIP RPT: (5) NONE
 FREQ DISCIP RPT.: (3) NONE FAMILY/COMMUN.: (4) GOOD

--- LEVEL AND CUSTODY SUMMARY ---

BASE CUST	VARIANCE	SEC TOTAL	SCORED LEV	MGMT	SEC LEVEL	CUSTODY	CONSIDER
+8	+19	-3	+5	MINIMUM	N/A	OUT	DECREASE

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

DTHA9 * INMATE EDUCATION DATA * 05-21-2020
 PAGE 001 OF 001 * TRANSCRIPT * 13:51:49

REGISTER NO: 46661-044 NAME...: WILLIAMS FUNC: PRT
 FORMAT.....: TRANSCRIPT RSP OF: DTH-DULUTH FPC

----- EDUCATION INFORMATION -----

FACL	ASSIGNMENT	DESCRIPTION	START DATE/TIME	STOP DATE/TIME
DTH	ESL HAS	ENGLISH PROFICIENT	06-06-2018 1413	CURRENT
DTH	GED HAS	COMPLETED GED OR HS DIPLOMA	06-06-2018 1421	CURRENT

----- EDUCATION COURSES -----

SUB-FACL	DESCRIPTION	START DATE	STOP DATE	EVNT	AC	LV	HRS
DTH RDAP	VT CARPENTRY LSC	10-01-2019	CURRENT				
DTH RDAP	ACE ENGINEERING AN EMPIRE	01-13-2020	03-20-2020	P	C	P	10
DTH RDAP	RPP 3 REENTRY PERSONAL FINANCE	01-13-2020	03-20-2020	P	C	P	10
DTH RDAP	ACE OXFORD STYLE OF DEBATE	01-13-2020	03-20-2020	P	C	P	10
DTH RDAP	RPP 6 REENTRY POSITIVE ATTITUD	01-13-2020	03-20-2020	P	C	P	10
DTH RDAP	WELLNESS RPP1 HEALTH & NUTRIT	01-13-2020	03-20-2020	P	C	P	10
DTH RDAP	ACE RESIDENTIAL ELECTRICAL WIR	01-13-2020	03-20-2020	P	C	P	20
DTH RDAP	CRIMINAL JUSTICE & SOCIETY	09-06-2019	12-20-2019	P	C	P	36
DTH RDAP	RPP 2 REENTRY BASIC TYPING	09-30-2019	12-20-2019	P	C	P	20
DTH RDAP	RPP 2 REENTRY COMP TUTORIALS	09-30-2019	12-20-2019	P	C	P	20
DTH RDAP	ACE RESTORATIVE PRACTICES	10-07-2019	12-16-2019	P	C	P	20
DTH RDAP	ACE PROJECT MANANAGEMENT	09-30-2019	12-20-2019	P	C	P	10
DTH RDAP	ACE CRYPTOCURENCY	09-30-2019	12-20-2019	P	C	P	10
DTH RDAP	REAL ESTATE PROCESS BORROWING	07-15-2019	09-27-2019	P	C	P	10
DTH RDAP	MATH LAB FOR THE TRADES	08-27-2019	09-27-2019	P	C	P	28
DTH RDAP	RPP 3 CREDIT & CONSUMER ISSUES	07-16-2019	09-27-2019	P	C	P	10
DTH RDAP	INVEST IN MULTIFAMILY HOUSING	07-16-2019	09-27-2019	P	C	P	10
DTH RDAP	ENTREPRENEURSHIP 101	07-18-2019	09-27-2019	P	C	P	10
DTH RDAP	START EBAY BUS & CREDIT BLDG	07-15-2019	09-27-2019	P	C	P	10
DTH	RPP1 HIV AWARENESS VIDEO	06-19-2019	06-19-2019	P	C	P	1
FOR	HVAC 6-7P T	01-07-2019	03-19-2019	P	C	P	10
FOR	FINANCIAL INVESTING 6-7P W	01-08-2019	03-19-2019	P	C	P	10
FOR	CDL TRUCK 6-7P M	01-07-2019	03-18-2019	P	C	P	10
FOR	HOME DESIGN 6-8P T	01-08-2019	03-19-2019	P	C	P	10
FOR	MOCK JOB FAIR 12-1P W CORE 2	06-19-2018	09-11-2018	P	C	P	10

G0000 TRANSACTION SUCCESSFULLY COMPLETED

MALE PATTERN RISK SCORING

Register Number:		46661-044	5/6/2020		
Inmate Name:		WILLIAMS			
MALE RISK ITEM SCORING	CATEGORY	GENERAL SCORE	Enter Score	VIOLENT SCORE	Enter Score
1. Current Age 41-50 Click on gray dropdown box to select, then click on dropdown arrow	> 60	0	14	0	8
	51-60	7		4	
	41-50	14		8	
	30-40	21		12	
	26-29	28		16	
	< 26	35		20	
2. Walsh w/Conviction No	No	0	0	0	0
	Yes	1		0	
3. Violent Offense (PATTERN) No	No	0	0	0	0
	Yes	5		5	
4. Criminal History Points 2 - 3 Points	0 - 1 Points	0	8	0	4
	2 - 3 Points	8		4	
	4 - 6 Points	16		8	
	7 - 9 Points	24		12	
	10 - 12 Points	32		16	
	> 12 Points	40		20	
5. History of Escapes None	None	0	0	0	0
	> 10 Years Minor	2		1	
	5 - 10 Years Minor	4		2	
	< 5 Years Minor/Any Serious	6		3	
6. History of Violence None	None	0	0	0	0
	> 10 Years Minor	1		1	
	> 15 Years Serious	2		2	
	5 - 10 Years Minor	3		3	
	10 - 15 Years Serious	4		4	
	< 5 Years Minor	5		5	
	5 - 10 Years Serious	6		6	
	< 5 Years Serious	7		7	
7. Education Score HS Degree / GED	Not Enrolled	0	-4	0	-2
	Enrolled in GED	-2		-1	
	HS Degree / GED	-4		-2	
8. Drug Program Status No DAP Completed	No DAP Completed	0	0	0	0
	NRDAP Complete	-3		-1	
	RDAP Complete	-6		-2	
	No Need	-9		-3	
9. All Incident Reports (120 months) 0	0	0	0	0	0
	1	1		1	
	2	2		2	
	> 2	3		3	
10. Serious Incident Reports (120 months) 0	0	0	0	0	0
	1	2		2	
	2	4		4	
	> 2	6		6	
11. Time Since Last Incident Report 12+ months or no incidents	12+ months or no incidents	0	0	0	0
	7-12 months	2		1	
	3-6 months	4		2	
	<3	6		3	
12. Time Since Last Serious Incident Report 12+ months or no incidents	12+ months or no incidents	0	0	0	0
	7-12 months	1		2	
	3-6 months	2		4	
	<3	3		6	
13. FRP Refuse NO	NO	0	0	0	0
	YES	1		1	
14. Programs Completed 4 - 10	0	0	-6	0	-3
	1	-2		-1	
	2 - 3	-4		-2	
	4 - 10	-6		-3	
	> 10	-8		-4	
15. Work Programs 0 Programs	0 Programs	0	0	0	0
	1 Program	-1		-1	
	>1 Program	-2		-2	
Total Score (Sum of Columns)		General:	12	Violent:	7
General/Violent Risk Levels		General:	Low	Violent:	Minimum
OVERALL MALE PATTERN RISK LEVEL		Low			

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WILLIAMS, DAMON DEANDRE	Reg #: 46661-044	
Date of Birth: [08/09/1976]	Sex: M Race: BLACK	Facility: [DTH]
Note Date: [07/23/2019 13:04]	Provider: Rice, Benjamin MD, CD	Unit: E03

Review Note - Document Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Rice, Benjamin MD, CD

42 yo male with no significant smoking history with abnormal CXR had a chest CT which showed an 11 mm birads 4b RLL lesion for work up.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	08/01/2019	08/01/2019	Urgent	No	

Subtype:

[PET scan, cancer-related]

Reason for Request:

42 yo nonsmoker with abnormal CXR and subsequent chest CT showing an 11 mm RLL lesion, birads 4B

Provisional Diagnosis:

[lung cancer]

Pulmonology	08/06/2019	08/06/2019	Routine	No
-------------	------------	------------	---------	----

Subtype:

Offsite Appt

Reason for Request:

f/u after PET scan for 42 yo male with no significant smoking history , an abnormal CXR and an 11 mm RLL birads 4b lesion

Provisional Diagnosis:

[lung cancer]

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Rice, Benjamin MD, CD on 07/23/2019 13:10

FPC DULUTH

FEB 21 2020

HEALTH SERVICES

HEALTH SERVICES

FPC DULUTH

HEALTH SERVICES

FEB 21 2020

HEALTH SERVICES

HEALTH SERVICES

Male

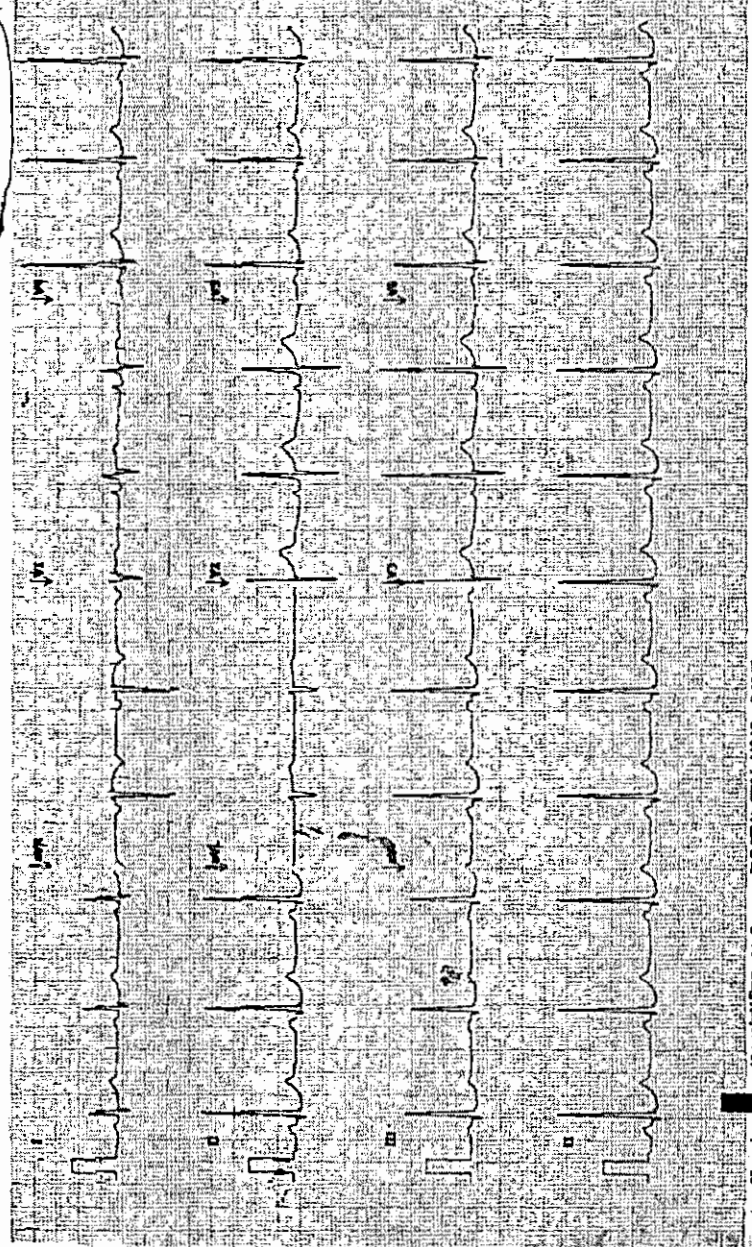
Gender:

DOB:

Age:

ECG

ECG



P210253

ECG 2-lead rhythm strip

20 mm/s

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DAMON DEANDRE	Reg #:	46661-044
Date of Birth:	08/09/1976	Sex:	M
Scanned Date:	02/21/2020 16:28 EST	Race:	BLACK
		Facility:	DTH

Reviewed by Rice, Benjamin MD, CD on 02/24/2020 07:51.

ID: 46661-044
Name: WILLIAMS, DAMON
Age: 42 yr

Gender: Unknown

06/19/2019 02:10:11PM

P/PR: 126/154 ms

QRS: 82 ms

QT/QTc: 384/417 ms

P/QRS/T axis: 39/66/30 deg

Heart rate: 71 bpm

warning: sex not available, assumed male

sinus rhythm

Normal ECG

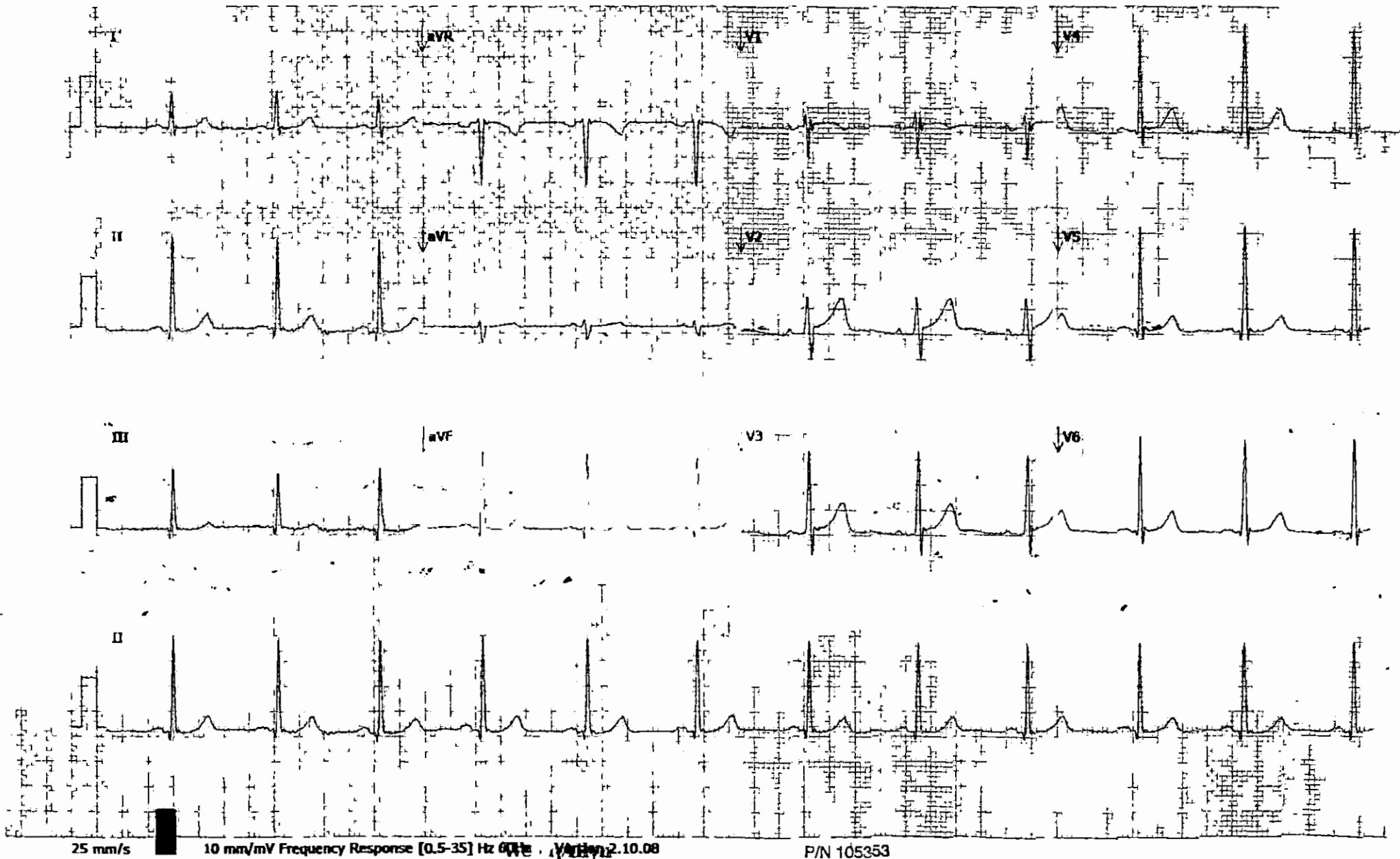
Unconfirmed Report

FPC DULUTH

JUN 29 2019

HEALTH SERVICES
NURSING

46661-044



ID: 48661044 Name: Williams, Damon
DOB: 8/9/1976 (41 yr) Comments: htn
Gender: Male

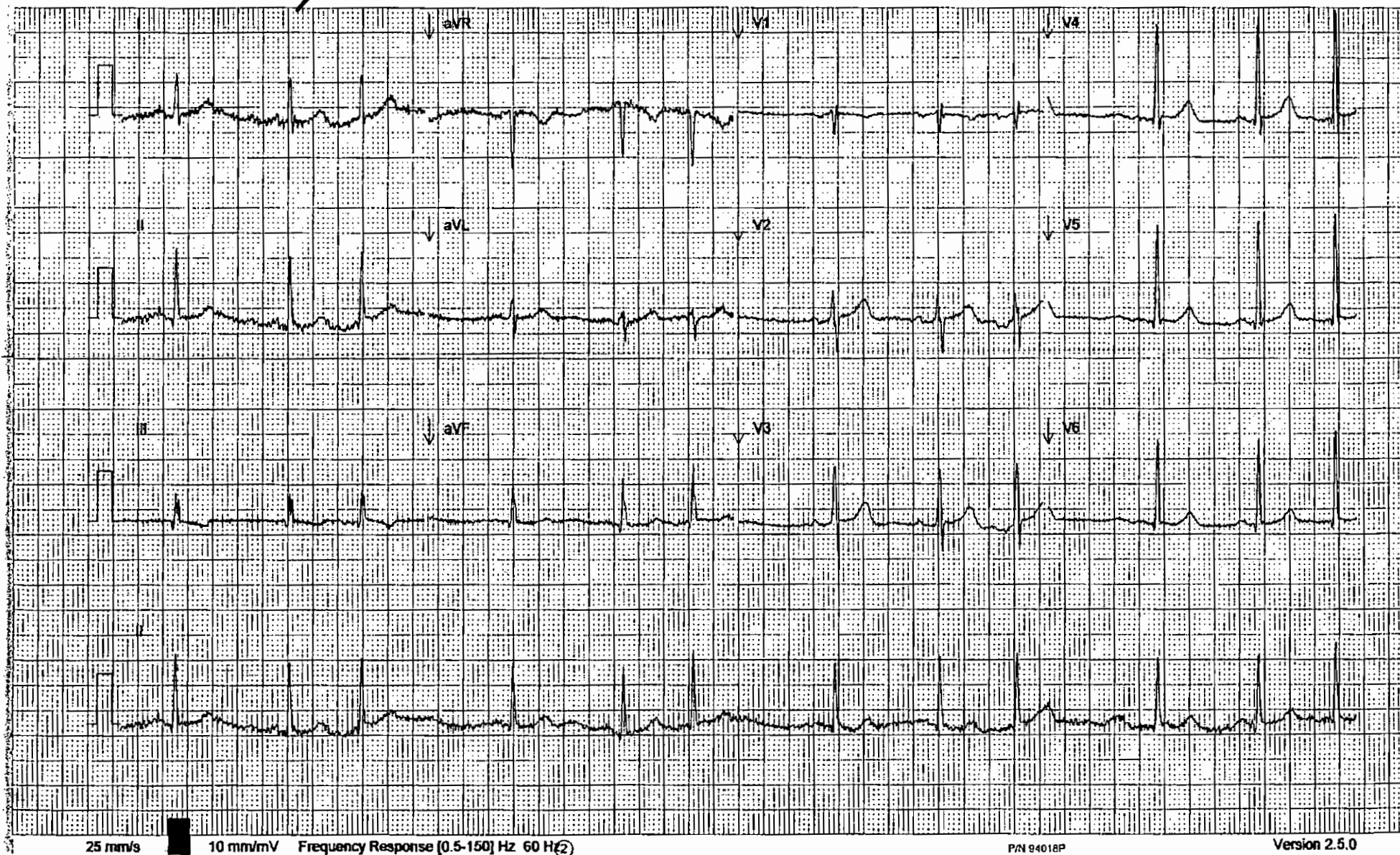
6/25/2018 13:33:58

P/PR: 128/158 ms
QRS: 96 ms
QT/QTc: 392/423 ms
P/QRS/T Axis: 26/48/4 deg
Heart Rate: 70 BPM

sinus rhythm
premature supraventricular complexes
RSR' in V1
Borderline ECG

Unconfirmed Report

fcc-102
6/25/18 @ 1333
Lyate RN / Synte RN



**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DAMON DEANDRE	Reg #:	46661-044
Date of Birth:	08/09/1976	Sex:	M
Encounter Date:	08/21/2018 14:44	Provider:	Lab Result Receive
		Race:	BLACK
		Facility:	FOR

Cosigned by Obi-Okoye, Nwannem MD on 08/24/2018 07:53.

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

Physical:

Exam:

Gen.: Well-developed moderately overweight male, conversing and breathing easily, not in distress.
Head/ears/eyes/nose/throat: Normocephalic, atraumatic. Pupils equal, round, reactive to light. Sclera anicteric. Conjunctiva pink. Oral cavity without visible lesion or exudates. Mallampati class 3 upper airway.
Neck: Supple, jugular veins are not distended. No cervical or supraclavicular adenopathy.
Lungs: Clear to auscultation bilaterally with normal air entry. No dullness to percussion.
Heart: Regular rhythm, normal rate, normal heart tones. No murmurs, rubs, or gallops.
Abdomen: Active bowel sounds, nontender, nondistended. No palpable organomegaly.
Genitourinary: Deferred
Rectal: Deferred
Extremities: No digital clubbing or peripheral cyanosis. No lower extremity edema.
Neurologic: Alert, oriented, normal speech and content. Facies symmetric. Strength normal and symmetric. Gait normal.
Musculoskeletal: No synovitis in the hands wrists or fingers.
Skin: Warm, dry, no rash.
Psychiatric: Mood is neutral, affect is congruent.

Results

St. Luke's Hospital

{Name: WILLIAMS, DAMON} Birthdate: 8/09/1976
{Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

STUDY DATE: 7/17/2019

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

FINDINGS:

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this a 7 mm noncalcified pulmonary nodule, best seen on image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7 x 0.8 cm in size. This is best seen on image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 63, series 3 is a

PCP: Benjamin H Rice, MD
Report Number: 0821-00326

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category: 4 - Suspicious
(Category 4B - Moderate suspicion for malignancy)

RECOMMENDATION:

Chest CT with or without contrast; PET CT and/or tissue sampling depending on the probability of malignancy and comorbidities. PET CT may be used when there is a greater than or equal to 8 mm solid component.

Dictated by: Harting, Kerri on 7/18/2019 at 15:21

=====

St. Luke's Hospital
PetCT LV Building

PET CT SKULL TO THIGH

STUDY DATE: 7/30/2019

INDICATION: Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE: Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL.

COMPARISON CT scan dated 07/17/2019.

FINDINGS

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of the 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1 cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within normal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity. Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental

PCP: Benjamin H Rice, MD
Report Number: 0821-00326

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel and ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

IMPRESSION:

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodule right middle lobe with some intermediate uptake. A some other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypermetabolic lymph nodes are the best location.

Dictated by Paul Rust, MD @ Jul 31 2019 8:52AM

A&P

Assessment & Plan

(1) Mediastinal lymphadenopathy:

Status: Acute

Code(s):

R59.0 - Localized enlarged lymph nodes

I interviewed and examined the patient. I personally reviewed the images from his chest CT and PET scan with the patient and pointed out the findings of interest, including the enlarged hilar and mediastinal lymph nodes and the pulmonary nodules.

We discussed a differential diagnosis for the pulmonary nodules and the thoracic lymphadenopathy. Pulmonary sarcoidosis is at the top of the differential diagnosis based on the patient's history, symptoms or relative lack thereof, and radiographic findings. Lymphoma is also on the differential but seems less likely.

We discussed the natural history and diagnosis of pulmonary sarcoidosis. We discussed how the only definitive diagnosis for sarcoidosis is biopsy specimens showing noncaseating granulomatous inflammation in the absence of any infectious organisms.

To confirm a diagnosis of sarcoidosis I recommend diagnostic bronchoscopy with EBUS-guided mediastinal lymph node biopsies, and transbronchial biopsies under fluoroscopic guidance. I reviewed the risks, benefits, and alternatives to bronchoscopy and EBUS and the patient is willing to proceed.

We will draw blood today to check for an elevated serum angiotensin-converting enzyme level. We will also check a complete metabolic profile to look for any evidence of renal or hepatic involvement. If the patient has not had a complete eye exam within the last year then I recommend he have an eye exam including slit lamp exam to rule out any ocular involvement with sarcoidosis.

If bronchoscopy is done and a diagnosis of sarcoidosis is confirmed then I recommend the patient undergo a complete pulmonary function test to look for any evidence of impaired lung function, which would factor into the decision to treat or not treat the sarcoidosis with corticosteroids.

PCP: Benjamin H Rice, MD
Report Number: 0821-00326

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

As an alternative to tissue confirmation with bronchoscopy, these lymph nodes could also be followed over time with serial chest CTs. If bronchoscopy is not done then I recommend a follow-up chest CT approximately 3 months from the first chest CT, which would be in October 2019.

I addressed all of the patient's questions today.

Orders: *Orders:*

Comprehensive Metabolic Pnl,S	Today
CBC w/Auto Diff	Today
Angiotensin Convert Enzyme,S	Today

Wayne A Elmer, MD
08/21/19 0721

<Electronically signed by Wayne A Elmer MD> 08/21/19 0858

PCP: Benjamin H Rice, MD
Report Number: 0821-00326



Diagnostic Imaging
915 East First Street -- Duluth, MN 55805
Tel: 218-249-5222 -- Fax: 218-249-5112

FPC DULUTH - HEALTH SERVICES
7/26/2019
#46661-044

Patient: **WILLIAMS, DAMON** Age: 42 Date of service: 7/17/2019
MRN: MS01102740 Location: St. Luke's Hospital Room:
Visit# VS0005065250 Attending physician: BENJAMIN H. RICE MD
Fluoro time/Tech ID: Contrast:

Name: WILLIAMS, DAMON Birthdate: 8/09/1976
Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

FINDINGS:

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this is a 7 mm noncalcified pulmonary nodule, best seen on image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7 x 0.8 cm in size. This is best seen on image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 63, series 3 is a 4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category 4 - Suspicious

Category 4B - Moderate suspicion for malignancy

RECOMMENDATION:

Jul/23/2019 11:58:25 AM

St. Luke's Duluth 218-249-7949

2/4

St. Luke's *Live*	Message/Task Detail	Page: 1 of 1
		Date: 07/23/19 11:52
		User: Jensen, Larissa V
Williams, Damon		Mod Rec #: MS01102740
42 M 08/09/1976		
Type: Actions/Reminders	Regarding: Williams, Damon	
Subject: LDCT		
From: Jensen, Larissa V		
To: Jensen, Larissa V		
Message Text:		
*** On 07/23/19 @ 11:52 Jensen, Larissa V Wrote To Jensen, Larissa V ***		
<p>This patient's LDCT Lung Cancer Screening on 7/17/19 had a Lung RADS score of 4B. According to our program guidelines for the Low-Dose CT Lung Cancer Screening Program, patients who have a Lung RADS score of 3 or 4 are to be referred to the Pulmonary Medicine clinic for a Consultation with a Pulmonologist. You are welcome to send us a Referral at (218)249-7949 to follow up with this patient, or if you would prefer to follow this patient yourself, please just let us know that. Thank you.</p> <p>Jensen, Larissa V completed Item.</p>		

Jul/23/2019 11:58:25 AM

St. Luke's Duluth 218-249-7949

3/4

**St. Luke's Hospital
CT**

FPC DULUTH - HEALTH SERVICES

7/23/2019

#46661-044

Name: WILLIAMS, DAMON Birthdate: 8/09/1978
Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

FINDINGS:

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this is a 7 mm noncalcified pulmonary nodule, best seen on image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7 x 0.8 cm in size. This is best seen on image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 83, series 3 is a 4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category 4 - Suspicious.

Category 4B - Moderate suspicion for malignancy.

RECOMMENDATION:

Chest CT with or without contrast; PET CT and/or tissue sampling depending on the probability of malignancy and comorbidities. PET CT may be used when there is a greater than or equal to 8 mm solid component.

Please note that all CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Dictated by: Harting, Kerri on 7/18/2019 at 15:21

Transcribed by: HALL on 7/18/2019 at 18:33

Approved by: Harting, Kerri on 7/19/2019 at 8:48

ST. LUKE'S - CT Scan	DATE OF EXAM: 07/17/19 NAME: Williams, Damon DOB: 08/09/1978 MR #: MS01102740 ACCT #: VS0005085250 DOCTOR: BENJAMIN H RICE MD
-----------------------------	--

Jul/23/2019 11:58:25 AM

St. Luke's Duluth 218-249-7949

4/4

NAME: Williams, Damon
DOB: 08/09/1976
MR #: MS01102740

07/19/19 0646

ST. LUKE'S - CT Scan

DATE OF EXAM: 07/17/19
NAME: Williams, Damon
DOB: 08/09/1976
MR #: MS01102740
ACCT #: VS0005066250
DOCTOR: BENJAMIN H RICE MD



Diagnostic Imaging
915 East First Street -- Duluth, MN 55805
Tel: 218-249-5222 -- Fax: 218-249-5112

FPC DULUTH - HEALTH SERVICES
8/14/2019
#46661-044

Patient Name:
DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

PET CT SKULL TO THIGH

INDICATION:

Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE:

Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL.

COMPARISON:

CT scan dated 07/17/2019.

FINDINGS:

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of the 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1 cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within

Continued Report - Page 2 of 2

Patient Name:
DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

normal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity.

Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel and ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

IMPRESSION:

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodules right middle lobe with some intermediate uptake. A some other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypermetabolic lymph nodes are the best location.

Dictated by Paul Rust, MD @ Jul 31 2019 8:52AM

Signed by Dr. Paul Rust @ Jul 31 2019 8:52AM

Electronically authenticated by:
PAUL RUST



Diagnostic Imaging
915 East First Street -- Duluth, MN 55805
Tel: 218-249-5222 -- Fax: 218-249-5112

FPC DULUTH - HEALTH SERVICES
8/1/2019
#46661-044

Patient Name:
DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

PET CT SKULL TO THIGH

INDICATION:

Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE:

Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL.

COMPARISON:

CT scan dated 07/17/2019.

FINDINGS:

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of the 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1-cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub-centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within

Continued Report- Page 2 of 2

Patient Name:
DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

normal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity.

Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel and ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

[IMPRESSION]

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodules right middle lobe with some intermediate uptake. A few other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypermetabolic lymph nodes are the best location.

Dictated by Paul Rust, MD @Jul 31 2019 8:52AM

Signed by Dr. Paul Rust @Jul 31 2019 8:52AM

Electronically authenticated by:
PAUL RUST



St. Luke's

Pulmonary Medicine
Associates

FPC DULUTH - HEALTH SERVICES

8/22/2019

#46661-044

Patient Name: Williams, Damon

Date of Birth: 08/09/1976

MR Number: MS01102740

Acct Number: VC0007489171

cc: Benjamin H Rice, MD~

Pulmonology Progress Note

Date: 08/21/19

~~Visit Reason:~~ ABNORMAL DIAGNOSTIC

HPI

HPI

HPI:

8/21/2019

The patient is referred for evaluation of mediastinal and hilar lymphadenopathy.

Mr. Williams is an inmate at a local correctional facility. He had a screening chest ray that showed evidence of mediastinal lymphadenopathy. This was followed up with a chest CT on 7/17/2019 that confirmed bilateral hilar and mediastinal lymphadenopathy, in addition to bilateral pulmonary nodules (see report of chest CT below).

On 7/30/2019 the patient had a PET scan increased uptake in the mediastinal and bilateral hilar lymph nodes with some more moderate uptake in the pulmonary nodules (see report of PET/CT scan in results section below). No other significant abnormal uptake with seen within the neck, abdomen, or pelvis.

The patient is relatively asymptomatic from a respiratory viewpoint. Overall he breathes well and he denies a chronic cough or sputum production. He has noticed some wheezing with exertion. He denies a prior history or diagnosis of asthma. He has been exercising and watching his diet and so he has had some intentional weight loss; he denies any unexpected weight loss. He has not began having any fevers, chills, chest pain, or rash. He denies any new focal aches or pains, or red, hot, or swollen joints. He has noticed some occasional blurring of his vision and floaters.

He has a history of smoking pipes and cigarettes, a total of about 5 to 7 years. His father was diagnosed with lung cancer and died from complications of the disease at age 60. He is not aware of any other family history of chronic lung disease.

Home Medications

lisinopril 40 mg tablet 40 mg PO DAILY-08/21/19 [History: Confirmed 08/21/19]

PFSH

PCP: Benjamin H Rice, MD
Report Number: 0821-00326

Patient Name: Williams, Damon
 Date of Birth: 08/09/1976
 MR Number: MS01102740

PFSH

Medical History (Updated 08/21/19 @ 07:30 by Wayne A Elmer, MD)

Diagnosis unknown (Acute)
 No eCW History

Social History

Smoking Status: Former smoker
how long ago did patient quit smoking: 2017

ROS

Systems Reviewed:	Reports 10+ ROS Neg Unless Otherwise Indicated
Constitutional:	Reports snoring
Eyes:	Reports change in vision
ENT:	Reports hearing problems
Respiratory:	Reports wheezing
Musculoskeletal:	Reports myalgias, arthralgias and muscle weakness
Integumentary:	Reports skin changes
Neurological:	Reports lightheadedness and headache(s)
Psychiatric:	Reports anxiety

Vital Signs

	08/21/19
	08:02
Weight	104.9 kg
Weight (lb)	231.3
BP	118/80
Blood Pressure Location	Right Arm
Position	Sitting
Pulse Rate	61
Pulse Oximetry (%)	96
Oxygen Delivery Method	room air
Pain Scale (0-10)	0

Exam



Department of Pathology
and
Medical Laboratory
Services

CLIA# 24D0404051

915 East First Street
Duluth, MN 55805
(218) 249-5200

FPC DULUTH - HEALTH SERVICES

12/12/2019

#46661-044

Patient: Williams, Damon
Sub Dr: Wayne A Elmer, MD
Lab No: NG19-1279
Date Collected: 10/23/19

DOB: 08/09/1976
Location: ENDO SH
Date Received: 10/23/19

Unit No: MS01102740
Visit No: VS0005435770

Non-Gyn Cytology Report

Final Diagnosis

A. Lung, right upper lobe, bronchial washings -
No evidence of malignancy

B. Lymph node, subcarinal station 7, fine-needle aspiration biopsy -
No evidence of malignancy
Benign respiratory tract cells and mature lymphocytes
Rare granuloma and multinucleated giant cell identified (see description)

Steven J. Eastep, M.D./sla

Tissues

- A. Bronchial Wash with Block - RUL-30 CC GRAY/CLOUDY
- B. Fine Needle Biopsy - STATION 7 LN-18 SLIDES/BLOCK

Order Queries

Clinical Hx S.O.B. R/O SARCOID, PET(+) MED & HILAR LAD

Microscopic Description

A. The smears reveal essentially fewer pulmonary macrophages, some with anthracotic pigment. The cell block preparation, similarly, reveals pulmonary macrophages. There is no evidence of malignancy, and granulomas are not identified.

B. The multiple smears reveal benign respiratory tract cells and sparse leukocytes. Some of the smears reveal mature

Patient: Williams, Damon
Submit Dr: ELMWA
Lab No: NG19-1279
DOB: 08/09/1976
Date Collected: 10/23/19
Date Received: 10/23/19
Unit No: MS01102740
Location: ENDO SH

Run Date: 10/24/19 1303

Patient: Williams, Damon
Submit Dr. Wayne A Elmer, MD
Lab No: NG19-1279
Collected Date: 10/23/19

DOB: 08/09/1976
Location: ENDO.SH
Received Date: 10/23/19

Unit No: MS01102740
Visit No: VS0005135770

Non-Gyn Cytology Report

lymphocytes consistent with sampling of lymph node. Malignant cells are not identified. A rare cluster of cells consistent with a non-caseating granuloma is observed, as well as occasional multinucleated giant cells. The cell block preparation reveals primarily blood and fibrin with sparse benign respiratory tract cells. There is also amorphous-appearing material which may represent necrosis. For further evaluation, special stains (AFB & GMS) are performed and reveal no pathologic fungal or mycobacterial organisms. The finding of sparse granulomas in the specimen are consistent with sarcoidosis but are completely nonspecific with considerations including infection and other inflammatory conditions.

Steven J Eastep, MD
<signature on file>
10/24/19 1303

Patient: Williams, Damon DOB: 08/09/1976 Unit No: MS01102740
Submit Dr: ELMWA
Lab No: NG19-1279 Date Collected: 10/23/19 Location: ENDO.SH
Date Received: 10/23/19

Run Date: 10/24/19 1303

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DAMON DEANDRE	Reg #:	46661-044
Date of Birth:	08/09/1976	Sex:	M Race: BLACK
Note Date:	10/25/2019 09:02	Facility:	DTH
		Unit:	M03

Review Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Rice, Benjamin MD, CD
needs path consult to track tissue sample

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Pathology	11/08/2019	11/08/2019	Routine	No	

Subtype:

Pathology

Reason for Request:

EBUS with biopsy

Provisional Diagnosis:

sarcoidosis

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Rice, Benjamin MD, CD on 10/25/2019 09:03



FPC DULUTH - HEALTH SERVICES

10/30/2019

#46661-044

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740
Acct Number: VS0005135770

Operative Report

cc: Benjamin H Rice, MD~

Date: 10/25/19

Date of Service
10/23/2019

Preoperative diagnosis: Mediastinal and hilar lymphadenopathy

Postoperative diagnosis: (Mediastinal and hilar lymphadenopathy)

Procedure: Flexible fiberoptic bronchoscopy with airway inspection, bronchial washings from the right upper lobe, endobronchial ultrasound with transbronchial needle aspiration biopsies of subcarinal lymph nodes

Anesthesia: General

Estimated blood loss: Minimal

Specimens collected: Bronchial washings from the right upper lobe, FNA biopsies of station 7 subcarinal lymph nodes

Complications: None

Condition: Good

Disposition: Discharged to home

History: 43-year-old male found to have mediastinal and hilar lymphadenopathy on a screening chest x-ray and subsequent chest CT. Lymph nodes showed increased uptake on a subsequent PET scan. Patient referred for diagnostic bronchoscopy.

Description of procedure:

The risks, benefits, and alternatives to this procedure were reviewed with the patient and he signed an informed consent. Prior to starting the procedure a time-out was taken to confirm the correct patient, correct procedure, and correct site.

The procedure was performed with the patient under general anesthesia and intubated. The Olympus flexible fiberoptic bronchoscope was introduced through the endotracheal tube and

Report Number: 1025-02309

NAME: Williams, Damon
DOB: 08/09/1976
MR #: MS01102740

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

advanced into the trachea. The airways were inspected down to the subsegmental level. The airway exam was unremarkable. The bronchial mucosa looks normal. There is no evidence of active or recent bleeding.

The bronchoscope was positioned in the right upper lobe bronchus and washings were obtained from the right upper lobe and submitted for cultures (bacteria, fungus, and AFB), cell count and differential, and cytology.

After the washings were collected the fiberoptic bronchoscope was withdrawn and the Olympus EBUS scope was introduced through the endotracheal tube. Under ultrasound guidance 12 transbronchial needle aspiration biopsies were obtained from lymph node stations 7. On-site cytology evaluation confirmed that lymphocytes were present in some of the specimens and no obviously malignant cells.

The EBUS scope was then withdrawn and the fiberoptic bronchoscope was reintroduced into the trachea. I again conducted a quick airway exam and confirmed hemostasis following the biopsies. Any residual blood and secretions were suctioned and then the scope was withdrawn. The patient was awakened from anesthesia, extubated, and transferred to the PACU in good condition. There were no complications.

Wayne A Elmer, MD
10/23/19 1511

<Electronically signed by Wayne A Elmer MD> 10/25/19 1937

Report Number: 1025-02309

NAME: Williams, Damon
DOB: 08/09/1976
MR #: MS01102740

10/23/2019

#46661-044



Surgical and Procedural Care-Gastroenterology
Campus Building A- 4th Floor

915 East First Street
Duluth, MN 55805
Tel: 218-249-5437

DISCHARGE INSTRUCTIONS FOR BRONCHOSCOPY

PATIENT ID/MRN : MS01102740 DOB: 8/9/1976 Date: 10/23/2019

PATIENT NAME : Damon Williams

PATIENT ADDRESS: PO Box 3384 CARMEL IN 46082

Home Care

- If you had a biopsy, try not to cough or clear your throat.
- Immediately after the procedure, spit out any saliva until your throat is no longer numb.
- If you are a smoker, avoid smoking for 24 hours after your procedure.
- You will probably have a hoarse voice and sore neck and throat for a few days after the bronchoscopy.

Diet

- When your throat muscles are working again, start with sips of water and slowly progress to solid foods.
- Avoid alcohol after your procedure, since you will still have sedatives in your system.
- Eat and drink when your throat muscles are no longer numb.

Physical Activity

- Ask your doctor when you will be able to return to work.
- Do not drive immediately after your procedure. Wait until the sedative has worn off.

Medications

If you had to stop taking medications before the procedure, ask your doctor when you can resume taking them.

Medications that are commonly stopped include:

- Anti-inflammatory drugs (eg, aspirin)
- Blood thinners, such as clopidogrel (Plavix), warfarin (Coumadin), or ticlopidine (Ticlid)
- If your biopsy results show that you have an infection, appropriate antibiotic therapy will be prescribed to you.

If you are taking medications, follow these general guidelines:

- Take your medication as directed. Do not change the amount or the schedule.
- Do not stop taking them without talking to your doctor.
- Do not share them.
- Know what the results and side effects. Report them to your doctor.
- Some drugs can be dangerous when mixed. Talk to a doctor or pharmacist if you are taking more than one drug. This includes over-the-counter medication and herb or dietary supplements.
- Plan ahead for refills so you don't run out.

Lifestyle Changes

You and your doctor will plan lifestyle changes that will aid in your recovery. Some points to keep in mind include:

- If cancer is found, you will be referred to an oncologist, a doctor who specializes in cancer.
- If tuberculosis or another infection is found, antibiotic treatment will be started.

Follow-up

Schedule a follow-up appointment as directed by your doctor. Check with your doctor for your biopsy results, which should be available within a few days after your bronchoscopy. Tuberculosis results can take as long as 6 weeks.

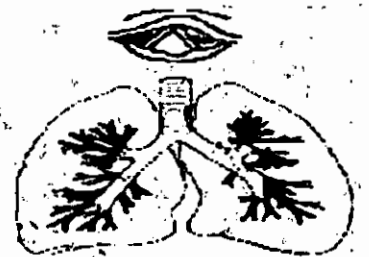
Call Your Doctor If Any of the Following Occurs

Monitor your recovery once you leave the hospital. As soon as you have a problem, alert your doctor.

Possible complications include: bleeding from the biopsy site, a collapsed lung, an irregular heart rate, infection, and chipped teeth due to equipment (rare now due to newer technology).

If any of the following occurs, call your doctor:

- Signs of infection, including fever and chills
- Pain that you can't control with the medications you've been given
- Cough, shortness of breath, or chest pain
- Severe nausea or vomiting
- Coughing up more than a teaspoon of blood
- New or increased wheezing
- In case of an emergency, call 911 immediately.



FPC DULUTH - HEALTH SERVICES

2/6/2020

#46661-044



Diagnostic Imaging

915 East First Street -- Duluth, MN 55805
Tel: 218-249-5222 -- Fax: 218-249-5112

Patient Name:

DAMON D WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M

Date: 1/30/2020 14:14

At the request of:

ELMER WAYNE

Procedure: CTSCA CT CHEST WO CON

CT CHEST WO CON

INDICATION:

Pulmonary sarcoidosis.

TECHNIQUE:

Noncontrast 3 mm axial imaging has been performed through the chest. Sagittal and coronal reconstructions have been obtained.

COMPARISON:

07/17/2019 CT.

FINDINGS:

Soft tissue windows demonstrate a stable 1.5 x 1 cm right paratracheal lymph node. Small left prevascular lymph nodes are identified. Persistent mildly prominent subcarinal lymph node is identified. This measures 2.0 x 1.5 cm. This is unchanged or slightly smaller. Hilar regions are difficult to assess but appears stable when compared to the prior CT. No significant pleural or pericardial fluid is seen. Axillary regions demonstrate small lymph nodes without significant lymphadenopathy.

Lung windows demonstrate a persistent pleural-based nodule right lower lobe measuring 12 x 11 mm, image 73 on series 3. This is unchanged. Grouping of small pulmonary nodules posterior left lung base is identified. Pleural-based 6 mm nodular density right lung base noted. Grouping of multiple pulmonary nodules in the right middle lobe near the minor fissure, image 55, series 3 is identified and unchanged. Other scattered tiny pulmonary nodules are noted. No interstitial lung disease. No consolidation. No ground-glass density is seen. No pleural fluid is seen.

The upper abdomen demonstrates a gallstone. This is unchanged.

IMPRESSION:

1. Stable noncontrast chest CT.
2. Stable mild lymphadenopathy identified. Largest lymph node in the subcarinal region.

Continued Report - Page 2 of 2

Patient Name:

DAMON D WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M

Date: 1/30/2020 14:14

At the request of:

ELMER WAYNE

Procedure: CTSCA CT CHEST WO CON

3. Multiple pulmonary nodules are identified. The largest is 12 x 11 mm right lower lobe. Findings would be consistent with stable sarcoidosis.

4. No interstitial lung disease. No consolidation or ground-glass density is seen.

5. Incidental gallstone is noted.

Please note that all CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Dictated by Paul Rust, MD @ Jan 31 2020 9:00AM

Signed by Dr. Paul Rust @ Jan 31 2020 9:16AM

Electronically authenticated by:

PAUL RUST

**St. Luke's Hospital
CT**

FPC DULUTH - HEALTH SERVICES
2/19/2020
#46661-044

CT CHEST WO CON
INDICATION:
Pulmonary sarcoidosis.

TECHNIQUE:
Noncontrast 3 mm axial imaging has been performed through the chest. Sagittal and coronal reconstructions have been obtained.

COMPARISON:
07/17/2019 CT.

FINDINGS:

Soft tissue windows demonstrate a stable 1.5 x 1 cm right paratracheal lymph node. Small left prevascular lymph nodes are identified. Persistent mildly prominent subcarinal lymph node is identified. This measures 2.0 x 1.5 cm. This is unchanged or slightly smaller. Hilar regions are difficult to assess but appears stable when compared to the prior CT. No significant pleural or pericardial fluid is seen. Axillary regions demonstrate small lymph nodes without significant lymphadenopathy.

Lung windows demonstrate a persistent pleural-based nodule right lower lobe measuring 12 x 11 mm, image 73 on series 3. This is unchanged. Grouping of small pulmonary nodules posterior left lung base is identified. Pleural-based 6 mm nodular density right lung base noted. Grouping of multiple pulmonary nodules in the right middle lobe near the minor fissure, image 55, series 3 is identified and unchanged. Other scattered tiny pulmonary nodules are noted. No interstitial lung disease. No consolidation. No ground-glass density is seen. No pleural fluid is seen. The upper abdomen demonstrates a gallstone. This is unchanged.

IMPRESSION:

1. Stable noncontrast chest CT.
2. Stable mild lymphadenopathy identified. Largest lymph node in the subcarinal region.
3. Multiple pulmonary nodules are identified. The largest is 12 x 11 mm right lower lobe. Findings would be consistent with stable sarcoidosis.
4. No interstitial lung disease. No consolidation or ground-glass density is seen.
5. Incidental gallstone is noted.

Please note that all CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Dictated by Paul Rust, MD @ Jan 31 2020 9:00AM

Signed by Dr. Paul Rust @ Jan 31 2020 9:16AM

Electronically authenticated by:
PAUL RUST

01/30/20 1414

ST. LUKE'S - CT Scan

DATE OF EXAM: 01/30/20
NAME: Williams, Damon D.
DOB: 08/09/1976
MR #: MS01102740
ACCT #: VS0005253411
DOCTOR: Wayne A Elmer MD



**St. Luke's
Pulmonary Medicine
Associates**

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740
PCP: Benjamin H Rice, MD

Address: PO Box 3364
CARMEL, IN 46082
Phone: 800-458-2078

Appointment Date: 11/14/19

Visit Provider: Wayne A Elmer, MD

cc: Benjamin H Rice, MD~

Pulmonology Progress Note

Visit Reasons: F/U Bronchoscopy

HPI

~~History of Present Illness~~

11/14/2019

The patient returns to discuss test results.

Damon Williams is an inmate at an area correctional facility. He had a screening chest ray that showed evidence of mediastinal lymphadenopathy. This was further evaluated with a chest CT on 7/17/2019 that confirmed bilateral hilar and mediastinal lymphadenopathy, in addition to multiple bilateral pulmonary nodules (see report of chest CT dated 7/17/2019 below).

On 7/30/2019 the patient had a PET scan that showed increased uptake in the mediastinal and bilateral hilar lymph nodes with some more moderate uptake in the pulmonary nodules (see report of PET/CT scan in results section below). No other significant abnormal uptake with seen within the neck, abdomen, or pelvis.

The patient is relatively asymptomatic from a respiratory viewpoint. He denies shortness of breath or chronic cough. He has not began having any fevers, chills, chest pain, or rash. He denies any new focal aches or pains, or red, hot, or swollen joints.

He has a history of smoking pipes and cigarettes, a total of about 5 to 7 years. His father was diagnosed with lung cancer and died from complications of the disease at age 60. He is not aware of any other family history of chronic lung disease.

I performed bronchoscopy with EBUS-guided mediastinal lymph node biopsies on 10/23/2019. The patient tolerated the procedure well and there were no complications. The patient presents to review the results of the biopsies. He offers no new complaints today.

Home Medications

- Last Reconciled 11/14/19 by Heidi S Ward, CMA

lisinopril 40 mg PO HS

Allergies

Acct Number: VC0007733695
Report Number: 1114-00240

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

St. Luke's Hospital

Patient: Williams, Damon DOB: 08/09/1976 Unit No: MS01102740
Sub Dr: Wayne A Elmer, MD Visit No: VS0005135770
Lab No: NG19-1279 Location: ENDO.SH
Date Collected: 10/23/19 Date Received: 10/23/19

Non-Gyn Cytology Report

Final Diagnosis

- A. Lung, right upper lobe, bronchial washings -
No evidence of malignancy
- B. Lymph node, subcarinal station 7, fine-needle aspiration biopsy -
No evidence of malignancy
Benign respiratory tract cells and mature lymphocytes
Rare granuloma and multinucleated giant cell identified (see description)

Steven J. Eastep, M.D./sla

Tissues

- A. Bronchial Wash with Block - RUL-30 CC GRAY/CLOUDY
B. Fine Needle Biopsy - STATION 7 LN-18 SLIDES/BLOCK

~~Clinical Hx: SOB, R/O SARCROID, PET(+), MED & HILAR LAD~~

Microscopic Description

A. The smears reveal essentially fewer pulmonary macrophages, some with anthracotic pigment. The cell block preparation, similarly, reveals pulmonary macrophages. There is no evidence of malignancy, and granulomas are not identified.

B. The multiple smears reveal benign respiratory tract cells and sparse leukocytes. Some of the smears reveal mature lymphocytes consistent with sampling of lymph node. Malignant cells are not identified. A rare cluster of cells consistent with a non-caseating granuloma is observed, as well as occasional multinucleated giant cells. The cell block preparation reveals primarily blood and fibrin with sparse benign respiratory tract cells. There is also amorphous-appearing material which may represent necrosis. For further evaluation, special stains (AFB & GMS) are performed and reveal no pathologic fungal or mycobacterial organisms. The finding of sparse granulomas in the specimen are consistent with sarcoidosis but are completely nonspecific with considerations including infection and other inflammatory conditions.

Steven J Eastep, MD

=====

St. Luke's Hospital

Name: WILLIAMS, DAMON Birthdate: 8/09/1976
Acct Number: VC0007733695
Report Number: 1114-00240

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

No Known Allergies Allergy (Unverified 10/22/19 14:07)

PFSH

PFSH:

Medical History (Updated 11/14/19 @ 07:12 by Wayne A Elmer, MD)

Cannabis abuse (Acute)
Essential hypertension (Acute)
Obesity (Chronic)
Pulmonary sarcoidosis (Chronic)
Bronchoscopy/EBUS 10/23/2019
Tinea pedis (Acute)

Social History (Updated 08/21/19 @ 08:02 by Heidi S Ward, CMA)

Smoking Status: Former smoker
how long ago did patient quit smoking: 2017

ROS

Systems Reviewed: Reports 10+ ROS Neg Unless Otherwise Indicated

Vital Signs

	11/14/19 07:56
Height	6 ft
Height (cm)	182.9
Weight	102 kg
Weight (lb)	224.9
BMI	30.4
BSA	2.24
BP	128/70
Blood Pressure Location	Right Arm
Position	Sitting
Pulse Rate	64
Pulse Oximetry (%)	97
Oxygen Delivery Method	room air
Pain Scale (0-10)	0

Exam

Physical Exam:

Well-developed male, conversing and breathing easily, not in distress.
He is alert, oriented; mood is neutral, affect is congruent. He appears to be in his usual state of health.

Results

Acct Number: VC0007733895
Report Number: 1114-00240

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

STUDY DATE: 7/17/2019

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

FINDINGS:

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this is a 7 mm noncalcified pulmonary nodule, best seen on image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7 x 0.8 cm in size. This is best seen on image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 83, series 3 is a 4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category 4 - Suspicious.
Category 4B - Moderate suspicion for malignancy.

RECOMMENDATION:

Chest CT with or without contrast; PET CT and/or tissue sampling depending on the probability of malignancy and comorbidities. PET CT may be used when there is a greater than or equal to 8 mm solid component.

Dictated by: Harting, Kerri on 7/18/2019 at 15:21

St. Luke's Hospital
PetCT LV Building

PET CT SKULL TO THIGH

Acct Number: VC0007733696
Report Number: 1114-00240

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

STUDY DATE: 7/30/2019

INDICATION: Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE: Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL.

COMPARISON: CT scan dated 07/17/2019.

FINDINGS:

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1 cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within normal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity. Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel and ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

IMPRESSION:

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodules right middle lobe with some intermediate uptake. A some other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypermetabolic lymph nodes are the best location.

Dictated by Paul Rust, MD @ Jul 31 2019 8:52AM

A&P

Assessment & Plan

- (1) Pulmonary sarcoidosis:
Status: Chronic

Acct Number: VC0007733695
Report Number: 1114-00240

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

Code(s):
D86.0 Sarcoidosis of lung

I interviewed the patient. We reviewed and discussed the results of his lymph node biopsies which are most consistent with a diagnosis of sarcoidosis. There is no evidence of malignancy.

My impression is that the sarcoidosis may already be starting to resolve as there was scant evidence of granulomatous inflammation.

The patient is asymptomatic from a respiratory viewpoint. There is no evidence of end-organ damage and therefore no clear indication for treatment with corticosteroids. I recommend watchful waiting, with a repeat chest CT in 1 year. I recommend earlier evaluation if the patient develops any new, worrisome symptoms such as persistent dry cough or shortness of breath.

I addressed all of his questions as morning and invited him to follow up as required.

Orders: Orders:

CT chest w/ con 02/03/20

Wayne A Elmer, MD
11/14/19 0710

<Electronically signed by Wayne A Elmer MD> 11/14/19 0828

Acct Number: VC0007733895
Report Number: 1114-00240

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: WILLIAMS, DAMON DEANDRE
Date of Birth: 08/09/1976
Scanned Date: 02/19/2020 09:52 EST

Sex: M

Reg #: 46661-044
Race: BLACK
Facility: DTH

Reviewed with New Encounter Note by Rice, Benjamin MD, CD on 02/24/2020 13:56.

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: DTH--DULUTH FPC	Begin Date: 01/01/2020	End Date: 12/31/2020
Inmate: WILLIAMS, DAMON DEANDRE	Reg #: 46661-044	Quarter: M03-201U

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

~~hydro~~CHLOROthiazide-25.MG-Tab

Take one tablet (25 MG) by mouth each morning

Rx#: 31824-YAN **Doctor:** Rice, Benjamin MD, CD
Start: 10/31/19 **Exp:** 10/30/20 **D/C:** 01/02/20 **Pharmacy Dispensings:** 60 TAB in 151 days

~~Lisinopril-40.MG-Tab~~

Take one tablet (40 MG) by mouth at bedtime daily

Rx#: 31825-YAN **Doctor:** Rice, Benjamin MD, CD
Start: 10/31/19 **Exp:** 10/30/20 **D/C:** 01/02/20 **Pharmacy Dispensings:** 60 TAB in 151 days

~~Lisinopril-20.MG-Tab~~

Take one tablet (20 MG) by mouth each day (WITH A 40mg Lisinopril for total of 60mg)

Rx#: 87720-DTH **Doctor:** Peterson, Ashley FNP-BC
Start: 01/02/20 **Exp:** 01/01/21 **D/C:** 02/13/20 **Pharmacy Dispensings:** 30 TAB in 88 days

~~Lisinopril-40.MG-Tab~~

Take one tablet (40 MG) by mouth each day (WITH A 20mg Lisinopril for a total of 40m)

Rx#: 87721-DTH **Doctor:** Rice, Benjamin MD, CD
Start: 01/02/20 **Exp:** 01/01/21 **D/C:** 02/13/20 **Pharmacy Dispensings:** 30 TAB in 88 days

~~Lisinopril 40 MG-Tab~~

Take one tablet (40 MG) by mouth each evening ***pill line***

Rx#: 88114-DTH **Doctor:** Pykkonen, Lori NP
Start: 02/13/20 **Exp:** 08/11/20 **D/C:** 03/17/20 **Pharmacy Dispensings:** 33 TAB in 46 days

~~Lisinopril-20.MG-Tab~~

Take one tablet (20 MG) by mouth each morning ***pill line***

Rx#: 88115-DTH **Doctor:** Pykkonen, Lori NP
Start: 02/13/20 **Exp:** 08/11/20 **D/C:** 03/17/20 **Pharmacy Dispensings:** 60 TAB in 46 days

~~Lisinopril-20.MG-Tab~~

Take one tablet (20 MG) by mouth each morning

Rx#: 88528-DTH **Doctor:** Peterson, Ashley FNP-BC
Start: 03/17/20 **Exp:** 09/13/20 **Pharmacy Dispensings:** 30 TAB in 13 days

Complex: DTH--DULUTH FPC	Begin Date: 01/01/2020	End Date: 12/31/2020
Inmate: WILLIAMS, DAMON DEANDRE	Reg #: 46661-044	Quarter: M03-201U

Active Prescriptions

Lisinopril 40 MG-Tab

Take one tablet (40 MG) by mouth each evening

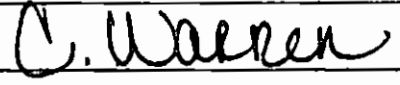
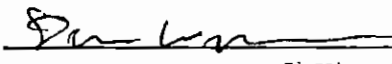
Rx#: 88529-DTH **Doctor:** Peterson, Ashley FNP-BC

Start: 03/17/20 **Exp:** 09/13/20

Pharmacy Dispensings: 30 TAB in 13 days

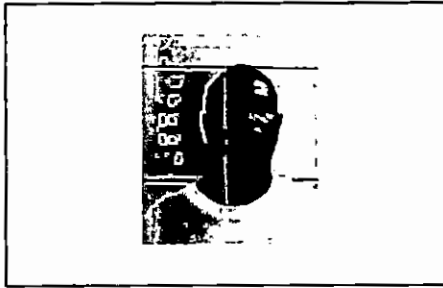
M DORM

BP-A0291 FURLOUGH APPLICATION - APPROVAL AND RECORD CDFRM JAN 11
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Inmate's Name WILLIAMS, DAMON DEANDRE	Register No 46661-044	Institution FPC DULUTH
APPLICATION		
Purpose of Visit CT SCAN	Sentry Assignment FURL MED	Date and Time Departure 1/30/2020 @1300/1330
		Date and Time Return 1/30/2020 @UPON COMPLETION
Address ST. LUKE'S - RADIOLOGY 915 E 1ST ST, DULUTH MN 55805.		
Telephone No. (Including Area Code) 218-786-4000		
Point of Contact for FPC: B. EKROOT, 218-722-8634	Method of Transportation Gov. vehicle (inmate driver)	Detainer/Pending Charges None Known
Verified by (ISM Sign) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CHARLES MUDGE		Digitally signed by CHARLES MUDGE Date: 2020.01.29 04:05:51 -0600
NOTE TO APPLICANT: You are reminded that should any unusual circumstances arise during the period of your visit, you should notify the institution immediately at telephone: (218)722-8634 EXT 0		
UNDERSTANDING		
I understand that if approved, I am authorized to be only in the area of the destination shown above and at ordinary stopovers or points on a direct route to or from that destination. I understand that my furlough only extends the limits of my confinement and that I remain in the custody of the Attorney General of the United States. If I fail to remain within the extended limits of this confinement, it shall be deemed as escape from the custody of the Attorney General, punishable as provided in Section 751 of Title 18, United States Code. I understand that I may be thoroughly searched upon my return to the institution and that I will be held responsible for any item of contraband or illicit material that is found. I have read or had read to me, and I understand that the foregoing conditions govern my furlough, and will abide by them. I have read or had read to me, and I understand the CONDITIONS OF FURLOUGH as set forth on the reverse of this form.		
		
Witness		Signature of Applicant
ADMINISTRATIVE ACTION		
Information Verified by	Title	
Name Of USPO Notified	Date of Notification	
Does USPO Have Any Objections to Furlough? (If so, explain)		
APPROVAL		
Approval for the above named Inmate to leave the Institution on a furlough as outlined is hereby granted in accordance with P.L. 93-209 and the BOP Furlough Program Statement. The period of furlough is from 1/30/2020 @ 1300/1330 to UPON COMPLETION		As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separatee Data and I recommend the inmate be approved to participate in this furlough. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Signature of CMC
		NICOLE FINCKLER Digitally signed by NICOLE FINCKLER Date: 2020.01.29 08:41:50 -0600
Chief Executive Officer (Name & Date) - Approval and signature certifies CIMS Clearance		
<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Disapproval Reason(s) for disapproval: B. BIRKHOLZ, WARDEN		BRYAN BIRKHOLZ Digitally signed by BRYAN BIRKHOLZ Date: 2020.01.29 14:27:29 -0600
RECORD		
Date/Time Released:	Date/Time Returned:	
Travel Schedule: <u>Leave with the inmate driver, return when Control is notified that the appointment is over.</u>		

(This form may be replicated via WP)

Replaces BP-291 of DEC 1997



46661-044

Inmate's Photo

Conditions of Furlough

- (a) An inmate who violates the conditions of a furlough may be considered an escapee under 18 U.S.C. §4082 or 18 U.S.C. § 751, and may be subject to criminal prosecution and institution disciplinary action.
- (b) A furlough will only be approved if an inmate agrees to the following conditions and understands that, while on furlough, he/she:
- (1) Remains in the legal custody of the U.S. Attorney General, in service of a term of imprisonment;
 - (2) Is subject to prosecution for escape if he/she fails to return to the institution at the designated time;
 - (3) Is subject to institution disciplinary action, arrest, and criminal prosecution for violating any conditions(s) of the furlough;
 - (4) May be thoroughly searched and given a urinalysis, breathalyzer, and other comparable test, during the furlough or upon return to the institution, and must pre-authorize the cost of such test(s) if the inmate or family members are paying the other costs of the furlough. The inmate must preauthorize all testing fee(s) to be withdrawn directly from his/her inmate deposit fund account;
 - (5) Must contact the institution (or United States Probation Officer) in the event of arrest, or any other serious difficulty or illness; and
 - (6) Must comply with any other special instructions given by the institution.
- Special Instructions:
1. Telephone access is not authorized without the approval of the Federal Prison Camp staff.
 2. Visitation is not authorized without the approval of the Federal Prison Camp staff.
 3. No socialization with general public is permitted.
 4. Partaking in free beverage/food areas is not allowed

It has been determined that consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds. (Note: Additional conditions may be added to Special Instructions as warranted).

- (c) While, on furlough, the inmate must not:
- (1) Violate the laws of any jurisdiction (federal, state, or local);
 - (2) Leave the area of his/her furlough without permission, except for traveling to the furlough destination, and returning to the institution;
 - (3) Purchase, sell, possess, use, consume, or administer any narcotic drugs, marijuana, alcohol, or intoxicants in any form, or frequent any place where such articles are unlawfully sold, dispensed, used, or given away;
 - (4) Use medication that is not prescribed and given to the inmate by the institution medical department or a licensed physician;
 - (5) Have any medical/dental/surgical/psychiatric treatment without staff's written permission, unless there is an emergency. Upon return to the institution, the inmate must notify institution staff if he/she received any prescribed medication or treatment in the community for an emergency;
 - (6) Possess any firearm or other dangerous weapon;
 - (7) Get married, sign any legal papers, contracts, loan applications, or conduct any business without staff's written permission;
 - (8) Associate with persons having a criminal record or with persons who the inmate knows to be engaged in illegal activities without staff's written permission;
 - (9) Drive a motor vehicle without staff's written permission, which can only be obtained if the inmate has proof of a currently valid driver's license and proof of appropriate insurance; or
 - (10) Return from furlough with anything the inmate did not take out with him/her (for example, clothing, jewelry, or books)

I have read, or had read to me, and I understand the above conditions concerning my furlough and agree to abide by them.

Inmate's Signature: [Signature] Reg. No: 46661-044 Date: 1/28/2020

Signature/Printed Name of Staff Witness: C. Warren C. WARREN

Record Copy - Inmate Central File; Copy - Control Center, Chief Correctional Services Division, Minnesota Correctional Systems Department, Inmate Use on Furlough

HEALTH SVCS ASST
FRED LUTHE, MN

RELEASE PLAN FOR DAMON D. WILLIAMS

1. Proposed release address: 921 Marias Drive, North County, MO 63137.
2. Name of whom I will be residing with: Carlisha Payton.
3. Relationship: Significant other.
4. Type of residence: Ranch style, single family house.
5. Do the people you will be residing with have any Covid-19 related risks that are aware of? NO.
6. A telephone number at the residence: 314-885-2522.
7. Is there a "no-frills" telephone line at the residence, i.e., no call-waiting, which is a landline phone? YES.

Relevant Minimum Requirement For Placement Into Home Confinement Due to Covid-19:

1. Primary offense is non-violent: YES.
2. Primary offense is not terrorism? YES.
3. Have no detainers: YES.
4. PATTERN risk score is Minimum: YES.
5. No incident reports within the last 12 months? YES.
6. Have served 50% of sentence: NO, 43%.

Additionally, I have written out a complete Reentry Plan below, which includes numerous categories with various details of my overall plan for reentering society.

Purpose: The purpose of this reentry plan is to demonstrate that I am fully prepared to be released back into the community. That I have prepared every aspect of my life so as to have a smooth reentry back into society. Each detail as described herein can be independently verified as being accurate and truthful.

Background: My background leading up to my time of imprisonment is filled with a long history of employment and security when released back into society, will be easily accomplished as I am able to do a large variety of jobs in order to financially take care of myself, and my family, as will be described in this Reentry Plan.

Family Ties: I have maintained daily contact with my significant other and my children for the full 3 1/2 years that I have been incarcerated. My significant other is a trained CNA and has been for more than 20 years. My oldest daughter is a stay at home mother, my second daughter is working full time and attending college full time as well, my 11 year old is still in school and stays with her mother.

Economic Means: Currently, after being in prison for 3 1/2 years, I have no income and limited savings. Even with that in mind, I have kept my financial obligations current with my payments to the BOP on a quarterly basis and am in good standing.

Upon release from prison, I will immediately obtain employment. I have multiple talents and skills and will have no problem finding employment in the area of country where I plan to be released, St. Louis, MO.

Release to the Community: My release address will be to a single family home available to me for me and my family for a reasonable monthly rate.

St. Louis, Missouri, has every kind of business, restaurant, and other companies that provide thousands of job opportunities for me to earn an income in order to support my family.

The average income in the part of St. Louis where I will be working is around \$55,000, of which I will be able to find employment almost immediately upon release from prison.

Surrounding Communities: St. Louis is known for it's "big city feel", as most of the city is bustling with business activity. The area of St. Louis, where I will reside will provide me with numerous opportunities to better my situation.

Employment Possibilities: The employment opportunities for me in St. Louis, are many. I will have no issues securing employment upon my release from prison.

Economic Analysis: My projected recurring expenses will be (at least initially), monthly:

*Rent	*Utilities	*Food	*Transportation	*Phone expenses
\$700.	\$70.	\$250.	\$250.	\$300.

*Total = \$1,570.

My projected one-time, non-recurring expenses will be (monthly):

*Initial phone purchase	*Clothing	*Computer purchase	*Misc.
\$100.	\$300.	n/a	\$500.

* Total = \$900.

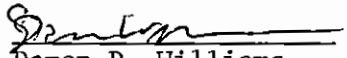
*Based on an average line of work, my estimated base income will be \$1,100./wk. or \$4,400./month.

Summary: I am 43 years old, well experienced with all variety of work history, a responsible individual and can acclimate into any new environment rather easily. It is reasonable to say that I will be able to find employment very soon upon my release from prison, earn sufficient income to take care of my various responsibilities, while being reunited with my significant other and children.

Upon release, I will faithfully obey the rules of Home Confinement, as ordered by the Probation Department.

I am fully prepared to be released back into society and to begin a new life once again.

Respectfully,


Damon D. Williams
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000

5-31-2020
Date.

RE: Damon Williams

MARCH 1, 2018

TO: Judge

3-1-2018 this is the letter I address the court with on my sentencing date. Thanks, your honor and the court for a moment to speak.

This event did occur on September 27, 2014, as laid out in the police report and discovery, also relevant to this date is the day of Aug. 9, 2014, which is also my birthday. As all from St. Louis is familiar with the Ferguson and Mike Brown office involved shooting. As for many businesses in the area have experience, I to were working just a block from the vicinity of this occurrence, renovating an investment property, (myself and a business partner), by the end of that day and the many that followed stretching past the occurrence date of the current conviction. I witnessed the unstableness of speculators and many appearing to be protestors. The area deterioration (enormity!) on the streets as well as in front of the property we were Renovating (Enmasses). As I was met with a deadline on the project coming fast and while dealing patiently with a immobile group who were taking a civil position and some decided to renounce Authority Ravish business owners around the area, and I happen to be just one of the business owners who had generated a tizzies,

(Reaction, distracted state of mind) which lead to repercussions of events. (AS),*charge with Felon in Possession* *Foreclosure of Assets* *The Dissolution and Cancellation of the Company I worked for* *The default on liabilities (bills and credit*, No longer a member of being productive to society. Very importantly personally having to separate from family.

I do recognize that I didn't make an intelligent decision and I apologize to my family and to society.(strongly!) I do have confidence and respect for our laws.

I would devote myself to my family and community as a law abiding citizen and role model going forward.

While in custody of BOP I'll do my job and find time to make preparations to systemic training and position myself to be knowledgeable on concepts as culture, business corporations, even accounting,, some engineering to build and operate engines, to be able to operate and discuss business. I may or hope to spend time in establishments in undergoing apprenticeship without pay and I rejoice to have the opportunity to learn how to do things and hopefully position myself to make preparations to Graduate from business school an institution in society, receive a Certificate from the BOP or both. Emphasizing the appreciation on experience and knowledge and wish to be an example to family and community from this situation to promote deterrence to criminal conduct.

After I have served my sentence, while my family will have had to continue to work and work together, I will be effective in the progression of my families network, develop a professional network, be generous to family and community, in addition to

community service. While respecting myself and the laws of the country, thriving to be an acheiver, progressor and maybe innovative, from the outcome of character that may have an positive influence on family and a desirable influence on the community.

I would like to thank the courts for genuinely looking at the circumstance of this case, and in the eyes of justice on imposing a sentence.

/ /
Signed: _____

Damon Williams
FPC Duluth
P . O . BOX 1000
Duluth, MN 55814

CERTIFIED MAIL

Damon Williams, 46661-044
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000



7014 2120 0003 5210 7760

RECEIVED
JUN 10 2020
BY MAIL



↔46661-044↔

Courtclerk John-Ross
111 S 10TH ST
Saint Louis, MO 63102
United States